

2014-1557

PRINTED: 09/15/2014
FORM APPROVED

Washington State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 012699	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/03/2014
NAME OF PROVIDER OR SUPPLIER BHC FAIRFAX HOSPITAL NORTH		STREET ADDRESS, CITY, STATE, ZIP CODE 916 PACIFIC AVE FI 7 EVERETT, WA 98201			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
L 000	INITIAL COMMENTS An initial state licensing survey was conducted at BHC Fairfax North on 9/2/2014 - 9/3/2014 by Valerie Walsh, RN, MS, and Alex Giel, REHS. The Washington Fire Protection Bureau conducted the fire life safety inspection on 9/2/2014. Licensure is recommended based on an acceptable plan of correction. Shell #TKHU11	L 000			
L 410	322-035.1V POLICIES-FOOD SERVICE WAC 246-322-035 Policies and Procedures. (1) The licensee shall develop and implement the following written policies and procedures consistent with this chapter and services provided: (v) Food service consistent with chapter 246-215 WAC and WAC 246-322-230. This WAC is not met as evidenced by: Based on policy review and interview, the facility failed to comply with Washington State Retail Food Code (WAC 246-215), for food service. Findings: On 9/3/2014 between 1:00 PM and 2:00 PM during the course of policy review and interview with the Infection Control Officer (Staff Member #1) the following items were found: 1. On 9/3/2014 between 1:00 PM and 2:00 PM, Surveyor #2 found that the existing hand hygiene policy did not meet the Washington State Retail Food Code (WAC 246-215) for staff members who work with food in a dietary setting.	L 410	See Attached		9/25/14 9/30/14 10/21/14

By signing, I understand these findings and agree to correct as noted:

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Math Crockett

TITLE

Administrator

(X6) DATE

9-22-14

STATE FORM

021198

TKHU11

If continuation sheet 1 of 4

POC rec'd 9/22/14.
POC rec'd approved 9/30/14.
D Walsh RN MS

Washington State Department of Health

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

021109

TKHU11

If continuation sheet 1 of 4

Washington State Department of Health

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L 410	Continued From Page 1 Reference Washington State Retail Food Code WAC 246-215-02310; WAC 246-215-02320; and WAC 246-215-03342 2. On 9/3/2014 between 1:00 PM and 2:00 PM, Surveyor #2 found that the existing policy titled "dietary" stated that cold holding should be at 45 degrees Fahrenheit which does not meet Washington State Retail Food Code (WAC 246-215-03525(1)(b)) which states in part, "Potentially Hazardous Food must be maintained at a temperature of 41 degrees Fahrenheit or less.	L 410			
L1185	322-180.2 EMERGENCY SUPPLIES WAC 246-322-180 Patient Safety and Seclusion Care. (2) The licensee shall provide adequate emergency supplies and equipment, including airways, bag resuscitators, intravenous fluids, oxygen, sterile supplies, and other equipment identified in the policies and procedures, easily accessible to patient-care staff. This WAC is not met as evidenced by: Based on observation and interview, the facility did not have all the required emergency supplies and equipment, specifically intravenous fluids. Findings: Review of the available and planned emergency supplies on 9/3/2014 revealed no evidence of intravenous fluids for emergency use. Per the Infection Control Preventionist (Staff member #1) and the Interim Assistant Director of Nursing (Staff member #2) they confirmed that there were no supplies present or planned, and that assuring	L1185	See Attached	10/22/14	

By signing, I understand these findings and agree to correct as noted:

Matt C...

9-22-14

STATE FORM

021188

TKHU11

If continuation sheet 2 of 4

Washington State Department of Health

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L1165	Continued From Page 2 staff competency in their use was not planned.	L1165			
L1395	322-210.3G PROCEDURES-USE OF MEDS WAC 246-322-210 Pharmacy and Medication Services. The licensee shall: (3) Develop and implement procedures for prescribing, storing, and administering medications according to state and federal laws and rules, including: (g) Use of medications and drugs owned by the patient but not dispensed by the hospital pharmacy, including: (i) Specific written orders; (ii) Identification and administration of drug; (iii) Handling, storage and control; (iv) Disposition; and (v) Pharmacist and physician inspection and approval prior to patient use to ensure proper identification, lack of deterioration, and consistency with current medication profile; This WAC is not met as evidenced by: Based on interview with the Nursing Manager (Staff member #3) the patient-owned medication policy permitted use without verification as defined by rule. Findings: On 9/2/2014 Surveyor #1 asked about patient owned medications that might need to be used during a patient's stay. Contrary to regulation, Staff member #3 stated that if a pharmacist was not available to verify the medication in terms of accuracy, usability, and compatibility with current medications, two registered nurses could do so, according to facility policy.	L1395	See Attached	9/23/14	

By signing, I understand these findings and agree to correct as noted:

Matt Cochran

9-22-14

STATE FORM

021100

TKHU11

If continuation sheet 3 of 4

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By signing, I understand these findings and agree to correct as noted:

Walter Chaves

9-22-14

STATE FORM

021900

TKHU11

If continuation sheet 4 of 4

Fairfax Behavioral Health - Everett
Plan of Correction for State Licensing Survey (Sept. 3, 2014)

Tag Number	WAC	Corrective Action	Responsible Individual(s)	Date of Correction Completed (or will be completed)	How Monitored to Prevent Recurrence & Compliance Level
L410	322-035.1V POLICIES - FOOD SERVICE	The infection control policy for hand hygiene was updated to match the dietary hand hygiene policy regarding hand hygiene procedures for dietary staff. The dietary policy was corrected to reflect that potentially hazardous food must be maintained at a temperature of 41 degrees or less. The Dietary Manager will conduct staff training on 9/30/14.	Gena Springston, RN, Infection Control Nurse; Nancy Chandler, Dietary Manager	The revised policy will be presented for review and approval to the Infection Control Committee on 09/25/14 and Quality Council on 10/21/14. Staff training to occur on 9/30/14.	Hand hygiene will be monitored by daily direct observation. Cold holding temperature logs are monitored daily. Compliance levels will be reported to the Infection Control Committee on a monthly basis. The target for both hand hygiene and temperature logs is 100% compliance.
L1165	322-180.2 EMERGENCY SUPPLIES	Fairfax Behavioral Health Everett Pharmacy is licensed as a hospital pharmacy, which allows for the ordering and stocking of intravenous fluids. The Director of Pharmacy will ensure that the IV fluids are readily available in an emergency as well as secure and not accessible to patients. The Director of Pharmacy will create a new policy regarding intravenous fluids in emergency situations. The policy will be presented for approval at Quality Council on 10/21/14. The ADON will update the policy, "Major Medical Emergency Treatment" to reflect this practice change. The policy will be presented for approval at Quality Council on 10/21/14. The Everett Nurse Manager will train all nurses in the process of starting a peripheral IV, initiating an IV infusion, and continued care of the IV site and the abovementioned policies by 10/22/14. All nurses will receive this training in their new employee orientation and as an annual refresher. All necessary supplies will be ordered to safely adopt this process change. Supplies include: IV start kit, IV tubing, IV catheter/needle sets; Saline Flushes, and IV Fluids.	Ajay Sinha, Director of Pharmacy; Simona Nutu, ADON; Dale Landis, Nurse Manager	All identified corrections will be completed by 10/22/2014. This includes pharmacy being stocked with IV fluids, supplies on site and nurses having completed the required trainings.	At Fairfax's annual training nurses will be given an annual competency evaluation. The expected minimum competence level is 90%. Pharmacy will conduct weekly inspections to ensure IV solutions are not expired and stored appropriately. The expectation is 100% compliance.